

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)					Docket Number 970054.481USPC				
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)									
Application Number 10/517,133					ine 29, 2005				
For APPARATUS AND METHODS FOR HANDLING ROTOR BLADES									
Art Unit 3745		-		Examine Nathanie	r I Edward Wiehe				
This is a request under the p	provisions of 37 CFR 1	.136(a) to exten	d the peri	_					
reply in the above identified application.									
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below)									
_		<u>Fee</u>	Small E	ntity Fee					
One month (37 CFR 1	.17(a)(1))	\$120	\$60		\$				
Two months (37 CFR	1.17(a)(2))	\$460	\$230		\$				
Three months (37 CFF	₹ 1.17(a)(3))	\$1050	\$525		\$ <u>1050</u>				
Four months (37 CFR	Four months (37 CFR 1.17(a)(4))		\$820		\$				
Five months (37 CFR	1.17(a)(5))	\$2230	\$1115		\$				
Applicant claims small entity status. See 37 CFR 1.27.									
A check in the amount of	f the fee is enclosed.								
Payment by credit card. Form PTO-2038 is attached. 12/26/2697 EHAILE1 99900005 10517133									
The Director has already been authorized to charge fees in this@1 FC:1253 1050. application to a Deposit Account.									
The Director is hereby authorized to charge any fees which may be required,									
or credit any overpayment, to Deposit Account Number <u>19-1090</u> . I have enclosed a									
duplicate copy of this sheet.									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
I am the ☐ applicant/inventor	·.								
assignee of record of the entire interest. See 37 CFR 3.71									
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).									
🛛 attorney or agent	of record. Registration	n No. <u>61,293</u>							
attorney or agent	under 37 CFR 1.34.								
Registration n	umber if acting under 37	CFR 1.34							
1	η								
Signature					December 17, 2007 Date				
ι					22-4900				
Nima A. Seyedali Typed or printed name					ne Number				

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EXPRESS MAIL NO. EV934845108US Complete if Known Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). **Application Number** 10/517,133 EE TRANSMITTAL June 29, 2005 Filing Date First Named Inventor Aloys Wobben For FY 2008 Claims small entity status. See 37 CFR 1.27 Examiner Name Nathaniel Edward Wiehe Art Unit 3745 Attorney Docket No. 970054.481USPC METHOD OF PAYMENT (check all that apply) X Check | Credit Card Money Order Other (please identify): X Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FILING FEES SEARCH FEES FEES Small Small Entity** Small Entity **Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 310 155 255 510 210 105 210 105 Design 100 50 130 65 Provisional 210 105 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** -20 or HP = <u> 19</u> 0 Х 0 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 3 -3 or HP = 0 X 0 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fr	Fee (\$)	Fee Paid (\$	
-100 =	/50 =	(round up to a whole numb	er) x		
4. OTHER FEE(S)					Fees Paid
Non-English Specific	cation, \$130 fee (no s	mall entity discount)			
Other (e.g., late filing		<u>1050</u>			
_					
SUBMITTED BY		2			
Signature	Air ()	Registration No. (Attorney/Agent) 61	,293 Telepho	ne 206-	622-4900

Date

December 17, 2007

Name (Print/Type)

Nima A. Sevedali